



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. P.B. Premalatha
Designation: professor ~ HoD
Department: OBG

Event Details:

Event Name: O/g session
Event Date(s): 11/12/22
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
11/12/22	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	₹ 12,500/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Accounts Officer Sign



DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.


Employee Sign

Dean Sign



The Obstetric & Gynaecological Society of Southern India



CASH RECEIPT

Date: 11-12-2022

No.: 7942

Received Rs 12500 in words Twelve Thousand and Five hundred only

from Dr.P.B. Premalatha

for Ogssicon

Received by

Computer generated receipt and not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. P.B. Premalatha
Designation: professor in UOB
Department: OBG

Event Details:

Event Name: International conference Urogynon 22
Event Date(s): 25/6/22
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
25/6/22	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	₹ 12,500/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

P.B. Premalatha

Employee Sign

Accounts Officer Sign

DEAN

TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.

Dean Sign

UROGYNCON

Chengalpattu Medical College, Tamil Nadu

CASH RECEIPT

Date: 25-06-2022

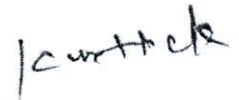
No.: 6579

Received from Mr/Mrs/Ms/Dr. Dr.P.B. Premalatha the sum of Rupees

Twelve Thousand and Five hundred only

for International Conference Urogyncon-22

Rs. 12500

Received by: 

Computer generated receipt and may not required manual signature


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TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. P.B. Premalatha
Designation: professor & HOD
Department: OBG

Event Details:

Event Name: clinical meeting OBG
Event Date(s): 31/5/22
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
31/5/22	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	₹ 12,500/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

P.B. Premalatha
Employee Sign


Dean Sign


Accounts Officer Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST,
CHENNAI-600 127.



The Obstetric & Gynaecological Society of Southern India



CASH RECEIPT

Date: 31-05-2022

No.: 6248

Received Rs 12500 in words Twelve Thousand and Five hundred only

from Dr.P.B. Premalatha

for Clinical Meeting

Received by

Computer generated receipt and not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. S. Gurubharath
Designation: Assistant professor.
Department: Radiology

Event Details:

Event Name: Indian Radiological & imaging association
Event Date(s): 25/03/22
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
25/3/22	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	210,000/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Accounts Officer Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.

Employee Sign

Dean Sign



IRIA Karnataka State Chapter

CASH RECEIPT

Date: 25-03-2022

No.: 4381

Received from Mr/Mrs/Ms/Dr. Dr. I. Gurubharath the amount of Rupees

Ten Thousand only

for Indian Radiological and imaging association

Rs. 10000

Received by

Computer generated receipt and may not required manual signature

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TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Shankar Arand

Designation: Professor

Department: Anaesthesia

Event Details:

Event Name: World young doctors day Conference

Event Date(s): 24/6/22

Event Location:


Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
24/6/22	Registration Fee	?	Yes / No
	Travel Expenses	?	Yes / No
	Accommodation Expenses	?	Yes / No
	Food Expenses	?	Yes / No
	Other Expenses	?	Yes / No
	Total	218,900/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Accounts Officer Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST,
CHENNAI-600 127.


Employee Sign

Dean Sign



Indian Medical Association - JDN and IMA TNSB



CASH RECEIPT

Date: 24-06-2022

No.: 1483

Amount (Rs): 18900/-

Received from Dr Shankar Anand the sum of Rupees

Eighteen thousand and nine hundred only

for the purpose of World Young Doctors Day Conference

Receiver Signature

Computer generated receipt and not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Shankar Anand
Designation: professor
Department: Anaesthesia

Event Details:

Event Name: Aasaan Awards 22 - BLS Workshop
Event Date(s): 11/9/22
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
11/9/22	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	₹ 3000/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Accounts Officer Sign


Employee Sign

Dean Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST,
CHENNAI-600 127.



Indian Medical Association - JDN and IMA TNSB



CASH RECEIPT

Date: 04-09-2022

No.: 1628

Amount (Rs): 3000/-

Received from Dr Shankar Anand the sum of Rupees

Three thousand only

for the purpose of Aasaan Awards 22 - BLS Workshop

Receiver Signature

Computer generated receipt and not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Ramya K
Designation: Assistant Professor
Department: Paediatrics

Event Details:

Event Name: communication with families of children with COVID-19 infection
Event Date(s): 11/01/22
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee		Yes / No
	Travel Expenses	2000	Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	2000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST,
CHENNAI-600 127.

Employee Sign

Dean Sign



CASH RECEIPT

Date: 11-01-2022

No.: 5247

Amount (Rs): 2000/-

Received from Dr. Ramya R the sum of Rupees

Two thousand only

for the purpose of Communication With Families Of Children With Covid-19 Infection

Receiver Signature

Computer generated receipt and not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Ranyar
Designation: Assistant professor
Department: Paediatrics

Event Details:

Event Name: Emotion Preparedness to care for covid 19 patients
Event Date(s): 20/01/2022
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	1000	Yes / No
	Travel Expenses	2000	Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	3000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Ranyar R

Employee Sign


Accounts Officer Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST,
CHENNAI-600 127.


Dean Sign



CASH RECEIPT

Date: 20-01-2022

No.: 5673

Amount (Rs): 3000/-

Received from Dr. Ramya R the sum of Rupees

Three thousand only

for the purpose of Emotion Preparedness To Care For Covid-19 Patients

Receiver Signature

Computer generated receipt and not required manual signature


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Ranya R
Designation: Assistant professor
Department: Paediatrics

Event Details:

Event Name: Quasentem a Triolator
Event Date(s): 20/01/22
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	1000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	1000	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	2000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign


Accounts Officer Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.


Dean Sign



CASH RECEIPT

Date: 20-01-2022

No.: 5871

Amount (Rs): 2000/-

Received from Dr. Ramya R the sum of Rupees

Two thousand only

for the purpose of Quarantine And Isolation

Receiver Signature

Computer generated receipt and not required manual signature


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Ranya R.
Designation: Assistant professor
Department: Spm. Paediatrics

Event Details:

Event Name: clinical management of covid 19 in Adult
Event Date(s): 10/01/2022
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	1000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	2000	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	3000	

Declaration

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Accounts Officer Sign



DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.


Employee Sign

Dean Sign



CASH RECEIPT

Date: 10-01-2022

No.: 5164

Amount (Rs): 3000/-

Received from Dr. Ramya R the sum of Rupees

Three thousand only

for the purpose of Clinical Management Of Covid-19 In Adult Patients

Receiver Signature

Computer generated receipt and not required manual signature


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Ramya R
Designation: ~~Money of self care~~ Assistant Professor
Department: Paediatrics

Event Details:

Event Name: Money of self care
Event Date(s): 20/01/22
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2	Yes / No
	Travel Expenses	2000	Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	2000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Accounts Officer Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.


Employee Sign

Dean Sign



CASH RECEIPT

Date: 20-01-2022

No.: 6423

Amount (Rs): 2000/-

Received from Dr. Ramya R the sum of Rupees

Two thousand only

for the purpose of Proning Of Self Care

Receiver Signature

Computer generated receipt and not required manual signature


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Ranya K
Designation: Assistant Professor
Department: Paediatrics

Event Details:

Event Name: Covid Appropriate behaviour
Event Date(s): 20/01/2022
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	1,500	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	1,000	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	2500	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Accounts Officer Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.


Employee Sign

Dean Sign



CASH RECEIPT

Date: 20-01-2022

No.: 6691

Amount (Rs): 2500/-

Received from Dr. Ramya R the sum of Rupees

Two thousand and five hundred only

for the purpose of Covid Appropriate Behaviour (Cab)

Receiver Signature

Computer generated receipt and not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Ranya K
Designation: Assistant professor
Department: Paediatrics

Event Details:

Event Name: Laboratory sample collection & testing
Event Date(s): 20/01/12
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	3500	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	3500	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Accounts Officer Sign




Employee Sign

Dean Sign

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



CASH RECEIPT

Date: 20-01-2022

No.: 6975

Amount (Rs): 3500/-


Received from Dr. Ramya R the sum of Rupees

Three thousand and five hundred only

for the purpose of Laboratory Sample Collection And Testing

Receiver Signature

Computer generated receipt and not required manual signature


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Ramya K
Designation: Assistant professor
Department: Paediatrics

Event Details:

Event Name: Covid 19 History taking & Physical examination
Event Date(s): 20/01/22
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	5000	Yes / No
	Travel Expenses	1000	Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	2000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign


Accounts Officer Sign


Dean Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



CASH RECEIPT

Date: 20-01-2022

No.: 7158

Amount (Rs): 2000/-

Received from Dr. Ramya R the sum of Rupees

Two thousand only

for the purpose of Covid-19 History Taking And Physical Examination

Receiver Signature

Computer generated receipt and not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Kanya K
Designation: Assistant professor
Department: Paediatrics

Event Details:

Event Name: use of PPE for covid 19
Event Date(s): 20/01/22
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	1,800	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total		

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign

Employee Sign

Dean Sign

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



CASH RECEIPT

Date: 20-01-2022

No.: 7345

Amount (Rs): 1500/-

Received from Dr. Ramya R the sum of Rupees

One thousand and five hundred only

for the purpose of Use Of Personal Protective Equipment (Ppe) For Covid-19

Receiver Signature

Computer generated receipt and not required manual signature


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: *Dr. R. Ramya*
Designation: *Associate Professor*
Department: *Pediatrics*

Event Details:

Event Name: *Oral care Protocol for Covid 19 Hospitalized Patients*
Event Date(s): *20/1/22*
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	<i>2500</i>	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	<i>2500</i>	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Accounts Officer Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.


Employee Sign

Dean Sign



CASH RECEIPT

Date: 20-01-2022

No.: 7594

Amount (Rs): 2500/-


Received from Dr. Ramya R the sum of Rupees

Two thousand and five hundred only

for the purpose of Oral Care Protocol For Covid-19 Hospitalized Patients

Receiver Signature

Computer generated receipt and not required manual signature


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. R. Ramya
Designation: Associate Professor
Department: Pediatrics

Event Details:

Event Name: Covid-19 Drug Therapy
Event Date(s): 20/1/22
Event Location:


Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	2000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Accounts Officer Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.


Employee Sign

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CASH RECEIPT

Date: 20-01-2022

No.: 7821

Amount (Rs): 2000/-

Received from Dr. Ramya R the sum of Rupees

Two thousand only

for the purpose of Covid-19 Drug Therapy

Receiver Signature

Computer generated receipt and not required manual signature


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: *Dr. R. Ramya*
Designation: *Associate Professor*
Department: *Pediatrics*

Event Details:

Event Name: *Boosting Immunity to fight Covid-19*
Event Date(s): *20/1/22*
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	<i>2000</i>	Yes / No
	Travel Expenses	<i>1000</i>	Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	<i>3000</i>	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Ramya
Employee Sign

[Signature]
Accounts Officer Sign

[Signature]

[Signature]
Dean Sign

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



CASH RECEIPT

Date: 20-01-2022

No.: 8269

Amount (Rs): 3000/-

Received from Dr. Ramya R the sum of Rupees

Three thousand only

for the purpose of Boosting Immunity To Fight Covid-19

Receiver Signature

Computer generated receipt and not required manual signature


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: *Dr. R. Ramya*
Designation: *Associate Professor*
Department: *Pediatrics*

Event Details:

Event Name: *PPE - Donning & Doffing*
Event Date(s): *20/1/22*
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	<i>1000</i>	Yes / No
	Travel Expenses	<i>} 2000</i>	Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	<i>3000</i>	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

[Signature]
Accounts Officer Sign

[Signature]
Employee Sign
[Signature]
Dean Sign

[Signature]
DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



CASH RECEIPT

Date: 20-01-2022

No.: 8547

Amount (Rs): 3000/-

Received from Dr. Ramya R the sum of Rupees

Three thousand only

for the purpose of Ppe- Donning And Doffing

Receiver Signature

Computer generated receipt and not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: *Dr. Ramya . R*
Designation: *Associate Professor*
Department: *Pediatrics*

Event Details:

Event Name: *Management of DM in Covid-19*
Event Date(s): *20/1/22*
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	<i>1000</i>	Yes / No
	Travel Expenses	<i>1000</i>	Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	<i>2000</i>	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

[Signature]
Accounts Officer Sign

[Signature]

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.

[Signature]
Employee Sign
[Signature]
Dean Sign



CASH RECEIPT

Date: 20-01-2022

No.: 8976

Amount (Rs): 2000/-

Received from Dr. Ramya R the sum of Rupees

Two thousand only

for the purpose of Management Of Diabetes Mellitus In Covin-19

Receiver Signature

Computer generated receipt and not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. R. Ramya
Designation: Associate Professor
Department: pediatrics

Event Details:

Event Name: Prevention of Covid-19 Spread in AGP
Event Date(s): 20/1/22
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	2000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Ramya R

Employee Sign

Accounts Officer Sign

Dean Sign

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



CASH RECEIPT

Date: 20-01-2022

No.: 9471

Amount (Rs): 2000/-

Received from Dr. Ramya R the sum of Rupees

Two thousand only

for the purpose of Prevention Of Covind-19 Spread In Aerosol Generating Procedures (Agp)

Receiver Signature

Computer generated receipt and not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST.
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: *Dr. R. Ramya*
Designation: *Associate Professor*
Department: *Pediatrics*

Event Details:

Event Name: *Management of Biomedical waste*
Event Date(s): *20/1/22*
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	<i>3000</i>	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	<i>3000</i>	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Accounts Officer Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.


Employee Sign

Dean Sign



CASH RECEIPT

Date: 20-01-2022

No.: 9628

Amount (Rs): 3000/-

Received from Dr. Ramya R the sum of Rupees

Three thousand only

for the purpose of Management Of Biomedical Waste

Receiver Signature

Computer generated receipt and not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: *Dr. R. Ramya*
Designation: *Associate professor*
Department: *Pediatrics*

Event Details:

Event Name: *Pulse Oximeter*
Event Date(s): *20/1/22*
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	<i>2000</i>	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	<i>2000</i>	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



CASH RECEIPT

Date: 20-01-2022

No.: 9972

Amount (Rs): 2000/-

Received from Dr. Ramya R the sum of Rupees

Two thousand only

for the purpose of Pulse Oximeter

Receiver Signature

Computer generated receipt and not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: *Dr. R. Ramya*
Designation: *Associate professor*
Department: *Pediatrics*

Event Details:

Event Name: *Covid-19 Investigations*
Event Date(s): *20/1/22*
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	<i>2500</i>	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	<i>2500</i>	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



CASH RECEIPT

Date: 21-01-2022

No.: 10562

Amount (Rs): 2500/-

Received from Dr. Ramya R the sum of Rupees

Two thousand and five hundred only

for the purpose of Covid-19 Investigations

Receiver Signature

Computer generated receipt and not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: *Dr. Ramya. R*
Designation: *Associate Professor*
Department: *Pediatrics*

Event Details:


Event Name: *Post Discharge care of Covid-19 Patients*
Event Date(s): *20/1/22*
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	<i>2000</i>	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	<i>2000</i>	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Accounts Officer Sign

RAMYA
Employee Sign


Dean Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



CASH RECEIPT

Date: 21-01-2022

No.: 10987

Amount (Rs): 2000/-

Received from Dr. Ramya R the sum of Rupees

Two thousand only

for the purpose of Post Discharge Care Of Covid-19 Patients

Receiver Signature

Computer generated receipt and not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. R. Ramya
Designation: Associate Professor
Department: Pediatrics

Event Details:

Event Name: Covid-19 Vaccination in Pregnancy & Lactation
Event Date(s): 20/1/22
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	3000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	3000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.

Employee Sign

Dean Sign



CASH RECEIPT

Date: 21-01-2022

No.: 11256

Amount (Rs): 3000/-

Received from Dr. Ramya R the sum of Rupees

Three thousand only

for the purpose of Covid-19 Vaccination In Pregnancy And Lactation

Receiver Signature

Computer generated receipt and not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: *Dr. R. Ramya*
Designation: *Associate Professor*
Department: *Pediatrics*

Event Details:

Event Name: *Counselling & Continuation of Family Planning Services*
Event Date(s): *20/1/22*
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	<i>1500</i>	Yes / No
	Travel Expenses	<i>2000</i>	Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	<i>3500</i>	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

DEAN

TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST,
CHENNAI-600 127.

Dean Sign



CASH RECEIPT

Date: 21-01-2022

No.: 11458

Amount (Rs): 3500/-

Received from Dr. Ramya R the sum of Rupees

Three thousand and five hundred only

for the purpose of Counselling And Continuation Of Family Planning Services

Receiver Signature

Computer generated receipt and not required manual signature


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: *Sumitha sree R*
Designation: *Assistant professor*
Department: *Biochemistry*

Event Details:

Event Name: *Biomedical Research*
Event Date(s): *17/8/22*
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
<i>17/8/22</i>	Registration Fee	<i>2000/-</i>	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total		

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

[Signature]
Accounts Officer Sign

[Signature]
DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.

Employee Sign

[Signature]
Dean Sign



Exam Registration: Payment Successful

1 message

<exam@nptel.iitm.ac.in>
To: sumithasree2534@gmail.com

Wed, 17 Aug 2022 at 8:39 pm

Hello SUMITHASREE R,

Your payment for the following course(s) is successful.

Course	Amount
Basic course in Biomedical Research	₹ 1000

Here are your transaction details:

Transaction ID	9279f67c7c1143f59cd897d406d7f35b
Billdesk Reference	YHD41355989844
Date	17/08/2022 20:38:41 IST
Total Amount	₹ 1000

For any grievance contact support : support@nptel.iitm.ac.in

If your transaction was successful, payment receipts will be available once the form closes.

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Ramya K
Designation: Professor
Department: pediatrics

Event Details:

Event Name: Grief counselling
Event Date(s):
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
21/1/22	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	2300/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



CASH RECEIPT	Date:	21-01-2022
	No.:	11735
	Amount (Rs):	3000/-

Received from Dr. Ramya R the sum of Rupees

Three thousand only

for the purpose of Grief Counselling

Receiver Signature

Computer generated receipt and not required manual signature


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. C. Sivagunnathan
Designation: Associate professor
Department: psu

Event Details:

Event Name: Global Adolescent Health
Event Date(s):
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
24/10/22	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	₹ 95/-	


Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign


Accounts Officer Sign


Dean Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST,
CHENNAI-600 127.



PAYMENT RECEIPT

Date: 24-10-2022	No.: 4682
Payment Mode: Credit Card	

Received AUD **95/-**

from **Dr.C. Sivagurunathan** for the course

Global Adolescent Health

Computer generated receipt does not required manual signature


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. R. Natarajan
Designation: Associate Proffessor
Department: General Surgery

Event Details:

Event Name: Medical Image processing and 3D Appliances
Event Date(s): 5/07/21
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	3000	Yes / No
	Travel Expenses	7000	Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	10,000	


Declaration

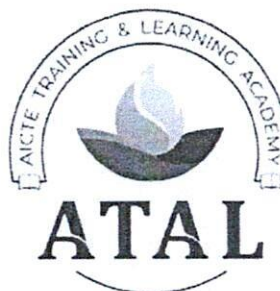
I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign


Accounts Officer Sign


Dean Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



All India Council For Technical Education

Nelson Mandela Marg, Vasant Kung, New Delhi - 110 070

PAYMENT RECEIPT

Date: 05-07-2021

No.: 4235

Received Rs 10000/-

from Dr. Natarajan Ramalingam

for Medical Image Processing And 3D Applications

Authorized Signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Radhika Dinesh
Designation: Associate Professor
Department: Ophthalmology

Event Details:

Event Name: Revised Basic course workshop in AETCOM
Event Date(s): 30/9/21
Event Location:

Expense Details:


Date	Expense Description	Amount in rupees	Receipt Attached?
30/9/21	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	₹ 1500/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign


Accounts Officer Sign


Dean Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakottaiyur Post, Chennai - 600127.
Phone: 044 30101111, Fax: 044-222 5555, Email: tagoremch@gmail.com



Affiliated to the Tamil Nadu Dr.MGR Medical University & Recognized by the Ministry of Health & Family welfare Govt. of India New Delhi

Payment Receipt

Date: **30-09-2021**

No.: **21996**

Received from Mr/Mrs/Ms/Dr. Dr.Radhika Dinesh the sum of Rupees

One Thousand and Five hundred only

for Revised Basic Course Workshop & AETCOM

Cash	<input checked="" type="checkbox"/>
UPI	<input type="checkbox"/>

Rs. 1500/-

Received by: R. Yase

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. I. Kannan
Designation: Assistant professor
Department: Microbiology

Event Details:

Event Name: National 2- conference on Antimicrobial stewardship
Event Date(s): 1/7/21
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
1/7/21	Registration Fee	}	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	₹ 5,000/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign


Accounts Officer Sign


Dean Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



SRM

INSTITUTE OF SCIENCE & TECHNOLOGY
(Deemed to be University u/s 3 of UGC Act, 1956)



CASH RECEIPT

Date: 01-07-2021

No.: 759

NATIONAL E-CONFERENCE ON "ANTIMICROBIAL STEWARDSHIP: A REVISIT" - 2017

Received from Mr/Mrs/Ms/Dr. Dr. I. Kannan the amount of Rupees

Five Thousand only

for National E-conference on Anti Microbial Stewardship

Rs. 5000



Received by

Computer generated receipt and may not required manual signature


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: *Dr. Shankar Anand*
Designation: *Associate Professor*
Department: *Anesthesiology*

Event Details:

Event Name: *National Medical Conference Meet 2021*
Event Date(s): *24/4/2021*
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	<i>3000</i>	Yes / No
	Travel Expenses	<i>11,100</i>	Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	<i>14,100</i>	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Shankar Anand

Employee Sign

[Signature]
Accounts Officer Sign

[Signature]

Dean Sign

[Signature]
DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST,
CHENNAI-600 127.



SANGEETHA HEALTH & EDUCATIONAL GROUP

Tharamani, Chennai - 600 113

CASH RECEIPT

Date: 24-04-2021

No.: 1725

Received from Mr/Mrs/Ms/Dr. Dr Shankar Anand the sum of Rupees

Fourteen thousand and one hundred only

for National Medical Conference Meet 2021

Rs. 14100/-

Shahf

Received by

Computer generated receipt and may not required manual signature

[Signature]
DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: *Dr. R. Natarajan*
Designation: *Associate professor*
Department: *General Surgery*

Event Details:

Event Name: *Revised Basic Course workshop and AETCOM*
Event Date(s): *30/9/21*
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	<i>1500</i>	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	<i>1500</i>	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

[Signature]
Employee Sign

[Signature]
Accounts Officer Sign

[Signature]
Dean Sign

[Signature]
DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakottaiyur Post, Chennai - 600127.

Phone: 044 30101111, Fax: 044-222 5555, Email: tagoremch@gmail.com



Affiliated to the Tamil Nadu Dr.MGR Medical University & Recognized by the Ministry of Health & Family welfare Govt. of India New Delhi

Payment Receipt

Date: **30-09-2021**

No.: **21986**

Received from Mr/Mrs/Ms/Dr. Dr. R. Natarajan the sum of Rupees

One Thousand and Five hundred only

for Revised Basic Course Workshop & AETCOM

Cash	<input checked="" type="checkbox"/>
UPI	<input type="checkbox"/>

Rs. 1500/-

Received by: R. Yase



DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Anand Leatholeyan
Designation: Professor
Department: ENT

Event Details:

Event Name: Revised Basic course workshop of AETCOM
Event Date(s): 30/09/21
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	1500	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	1500	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign


Accounts Officer Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.


Dean Sign



TAGORE MEDICAL COLLEGE & HOSPITAL

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Phone: 044 30101111, Fax: 044-222 5555, Email: tagoremch@gmail.com



Affiliated to the Tamil Nadu Dr.MGR Medical University & Recognized by the Ministry of Health & Family welfare Govt. of India New Delhi

Payment Receipt

Date: **30-09-2021**

No.: **22004**

Received from Mr/Mrs/Ms/Dr. Dr.Anand Karthikeyan the sum of Rupees

One Thousand and Five hundred only

for Revised Basic Course Workshop & AETCOM

Cash	<input checked="" type="checkbox"/>
UPI	<input type="checkbox"/>

Rs. 1500/-

Received by: R. Yase

Immune

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. M. Vani

Designation: A. professor

Department: Anatomy

Event Details:

Event Name: National E - conference in Anatomy

Event Date(s): 17/7/21

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
17/7/21	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	25,000/-	

Declaration

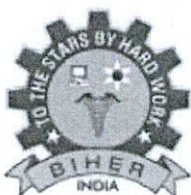
I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign


Accounts Officer Sign


Dean Sign


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TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



**BHARATH INSTITUTE OF HIGHER EDUCATION AND RESEARCH
SRI BALAJI MEDICAL COLLEGE AND HOSPITAL**

CASH RECEIPT

Date: 17-07-2021

No.: 1432

Received from Mr/Mrs/Ms/Dr. Dr. M. Vani the amount of Rupees

Five Thousand only

for National E-conference in Anatomy

Rs. 5000

Received by

Computer generated receipt and may not required manual signature


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Natarajan Ramalingam.
Designation: Professor
Department: General surgery

Event Details:

Event Name: Good clinical trial practices
Event Date(s): 17/7/21
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
17/7/21	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	₹ 10,000/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign


Accounts Officer Sign


Dean Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



National Accreditation Board for Hospitals & Healthcare Providers

PAYMENT RECEIPT

Date: 17-07-2021

No.: 2513

Received Rs 10000/-

from Mr/Mrs/Ms/Dr. Dr. Natarajan Ramalingam

for Good Clinical Trial Practices

Authorized Signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAI
605 007

Computer generated receipt does not require manual signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. D. H. Gopalan
Designation: Professor in HOD
Department: Anatomy

Event Details:

Event Name: National E- conference in Anatomy
Event Date(s): 17/7/21
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
17/7/21	Registration Fee	}	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	₹ 5,000/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



**BHARATH INSTITUTE OF HIGHER EDUCATION AND RESEARCH
SRI BALAJI MEDICAL COLLEGE AND HOSPITAL**

CASH RECEIPT

Date: 17-07-2021

No.: 1434


Received from Mr/Mrs/Ms/Dr. Dr. D.H. Gopalan the amount of Rupees

Five Thousand only

for National E-conference in Anatomy

Rs. 5000

Computer generated receipt and may not required manual signature

Received by 



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TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Sony paul
Designation: Assistant professor
Department: microbiology

Event Details:

Event Name: National E conference on antimicrobial stewardship
Event Date(s): 1/7/21
Event Location:

Expense Details:

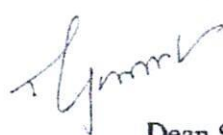
Date	Expense Description	Amount in rupees	Receipt Attached?
1/7/21	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	₹ 5,000 /-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign


Accounts Officer Sign


Dean Sign


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TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST,
CHENNAI-600 127.



Date: 01-07-2021

No.: 761

NATIONAL E-CONFERENCE ON “ANTIMICROBIAL STEWARDSHIP: A REVISIT” - 2017

Received from Mr/Mrs/Ms/Dr. Dr. Sony paul the amount of Rupees

Five Thousand only

for National E-conference on Anti Microbial Stewardship

Rs. 5000

kernel

Computer generated receipt and may not required manual signature

Received by

DEAN
MADRAS MEDICAL COLLEGE & HOSPITAL
CHENNAI - 600 006
TELEPHONE: 2470127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. E. Premalatha

Designation: professor

Department: microbiology

Event Details:

Event Name: National & Conference on antimicrobial Stewardship

Event Date(s): 1/7/21

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
1/7/21	Registration Fee	}	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	₹ 5,000/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

E. Premalatha
Employee Sign


Accounts Officer Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST,
CHENNAI-600 127.


Dean Sign



SRM
INSTITUTE OF SCIENCE & TECHNOLOGY
(Deemed to be University u/s 3 of UGC Act, 1956)



CASH RECEIPT

Date: 01-07-2021

No.: 760

NATIONAL E-CONFERENCE ON "ANTIMICROBIAL STEWARDSHIP: A REVISIT" - 2017

Received from Mr/Mrs/Ms/Dr. Dr. E. Premalatha the amount of Rupees

Five Thousand only

for National E-conference on Anti Microbial Stewardship

Rs. 5000

[Signature]

Computer generated receipt and may not required manual signature

Received by

[Signature]
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TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. E. Premalatha
Designation: Associate professor
Department: microbiology

Event Details:

Event Name: Kernal Base course workshop in AETCOM
Event Date(s): 30/9/21
Event Location:

Expense Details:


Date	Expense Description	Amount in rupees	Receipt Attached?
30/9/21	Registration Fee	}	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	₹ 1500/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign


Accounts Officer Sign


Dean Sign


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TAGORE MEDICAL COLLEGE & HOSPITAL
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TAGORE MEDICAL COLLEGE & HOSPITAL

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Phone: 044 30101111, Fax: 044-222 5555, Email: tagoremch@gmail.com



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Payment Receipt

Date: **30-09-2021**

No.: **22001**

Received from Mr/Mrs/Ms/Dr. Dr.E.Premalatha the sum of Rupees

One Thousand and Five hundred only

for Revised Basic Course Workshop & AETCOM

Cash	<input checked="" type="checkbox"/>
UPI	<input type="checkbox"/>

Rs. 1500/-

Received by: R. Yase


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. C.P. Lude
Designation: professor & HOD
Department: pathology

Event Details:

Event Name: Revised Basic course workshop & AETW
Event Date(s): 30/9/21
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
30/9/21	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	21500/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign


Accounts Officer Sign


Dean Sign


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TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakottaiyur Post, Chennai - 600127.

Phone: 044 30101111, Fax: 044-222 5555, Email: tagoremch@gmail.com



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Payment Receipt

Date: 30-09-2021

No.: 21998

Received from Mr/Mrs/Ms/Dr. Dr. C. P. Luck the sum of Rupees

One Thousand and Five hundred only

for Revised Basic Course Workshop & AETCOM

Cash	<input checked="" type="checkbox"/>
UPI	<input type="checkbox"/>

Rs. 1500/-

Received by: R. Yase

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: *Dr. B.S. Sangeetha*
Designation: *Associate Professor*
Department: *Pathology*

Event Details:

Event Name: *Revised Basic Course workshop & AETCOM*
Event Date(s): *30/9/21*
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	<i>1500</i>	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	<i>1500</i>	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Sangeetha
Employee Sign

[Signature]
Accounts Officer Sign

[Signature]
Dean Sign

[Signature]
DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



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Payment Receipt

Date: 30-09-2021

No.: 21983

Received from Mr/Mrs/Ms/Dr. Dr.B.S.Sangeetha the sum of Rupees

One Thousand and Five hundred only

for Revised Basic Course Workshop & AETCOM

Cash	<input checked="" type="checkbox"/>
UPI	<input type="checkbox"/>

Rs. 1500/-

Received by: R. Yase


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TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. K. Dinesh
Designation: Associate professor
Department: Pediatrics

Event Details:

Event Name: Revised Basic course workshop ~ AETCOM
Event Date(s): 30/9/21
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
30/9/21	Registration Fee	1500/-	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	1500/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.



Employee Sign



Accounts Officer Sign



Dean Sign


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TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



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Rathinamangalam, Melakottaiyur Post, Chennai - 600127.

Phone: 044 30101111, Fax: 044-222 5555, Email: tagoremch@gmail.com



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Payment Receipt

Date: **30-09-2021**

No.: **21994**

Received from Mr/Mrs/Ms/Dr. Dr. K. Dinesh the sum of Rupees


One Thousand and Five hundred only

for Revised Basic Course Workshop & AETCOM

Cash	<input checked="" type="checkbox"/>
UPI	<input type="checkbox"/>

Rs. 1500/-

Received by: R. Yase


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. A. Vikram
Designation: Associate professor
Department: PSM

Event Details:

Event Name: Revised Basic course workshop n AETCOM
Event Date(s): 30/9/21
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
30/9/21	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	₹ 1500	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign


Accounts Officer Sign


Dean Sign


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TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakottaiyur Post, Chennai - 600127.

Phone: 044 30101111, Fax: 044-222 5555, Email: tagoremch@gmail.com



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Payment Receipt

Date: **30-09-2021**

No.: **21991**

Received from Mr/Mrs/Ms/Dr. Dr. A. Vikram the sum of Rupees

One Thousand and Five hundred only

for Revised Basic Course Workshop & AETCOM

Cash	<input checked="" type="checkbox"/>
UPI	<input type="checkbox"/>

Rs. 1500/-

Received by: R. Yarc


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: *Dr. S. Suba Malini*
Designation: *Assistant Professor*
Department: *Physiology*

Event Details:

Event Name: *Revised Basic Course workshop & AETCOM*
Event Date(s): *30/9/21*
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	<i>1500</i>	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	<i>1500</i>	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Suba Malini
Employee Sign

[Signature]
Accounts Officer Sign

[Signature]
Dean Sign

[Signature]
DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakottaiyur Post, Chennai - 600127.

Phone: 044 30101111, Fax: 044-222 5555, Email: tagoremch@gmail.com



Affiliated to the Tamil Nadu Dr.MGR Medical University & Recognized by the Ministry of Health & Family welfare Govt. of India New Delhi

Payment Receipt

Date: 30-09-2021

No.: 21982

Received from Mr/Mrs/Ms/Dr. Dr. S. Suba Malini the sum of Rupees

One Thousand and Five hundred only

for Revised Basic Course Workshop & AETCOM

Cash	<input checked="" type="checkbox"/>
UPI	<input type="checkbox"/>

Rs. 1500/-

Received by: R. Yase

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Suresha
Designation: Senior Resident
Department: General Surgery

Event Details:

Event Name: Polypectomy ASCO 2021
Event Date(s): 22/03/21
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	3,000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	6,500	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	19,500	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Suresha
Employee Sign

[Signature]
Accounts Officer Sign

[Signature]
Dean Sign

[Signature]
DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST,
CHENNAI-600 127.



American College of Surgeons India Chapter

CASH RECEIPT

No.: 1478

Date: 22-03-2021

Received Rs 19500/- in words Nineteen Thousand Five hundred only

from Dr.Sirisha

for Patliputra ACSCON 2021

Received by

Computer generated receipt and not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Geetha R.
Designation: Professor AHO
Department: Pharmacology

Event Details:

Event Name: USCON 2020
Event Date(s): 13/01/2020
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	17,900	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	19,900	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign


Accounts Officer Sign


Dean Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST,
CHENNAI-600 127.



USICON 2020



CASH RECEIPT

Date: 23-01-2020

No.: 4253

Received from Mr/Mrs/Ms/Dr. Dr. Geetha R the amount of Rupees

Nineteen Thousand Nine Hundred only

for USICON 2020

Rs. 19900

Computer generated receipt and may not required manual signature

Received by

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. A. FAROOQ
Designation: Professor
Department: general surgery

Event Details:

Event Name: ASOMCON 2020
Event Date(s): 05/12/2020
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2000	Yes / No
	Travel Expenses	8000	Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	10,000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



CASH RECEIPT

Date: 05-12-2020

No.: 2660

Received from Mr/Mrs/Ms/Dr. Dr. A. Farook the sum of Rupees

Ten Thousand only

for ASOMACON 2020

Rs. 10000/-

Received by

Computer generated receipt and may not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. K. Devaprasam
Designation: Professor
Department: General Surgery

Event Details:

Event Name: ASOMCON 2020
Event Date(s): 05/12/2020
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	8000	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	10,000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



CASH RECEIPT

Date: **05-12-2020**

No.: **2659**

Received from Mr/Mrs/Ms/Dr. Dr. K. Sivaprakasam the sum of Rupees

Ten Thousand only

for ASOMACON 2020

Rs. 10000/-

Received by

Computer generated receipt and may not required manual signature


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. K. Devaprakasam
Designation: Professor
Department: General Surgery

Event Details:

Event Name: ASOMALON 2020
Event Date(s): 05/12/2020
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	8000	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	10,000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



CASH RECEIPT

Date: 05-12-2020

No.: 2659

Received from Mr/Mrs/Ms/Dr. Dr. K. Sivaprakasam the sum of Rupees

Ten Thousand only

for ASOMACON 2020

Rs. 10000/-

Computer generated receipt and may not required manual signature


Received by


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Ezhelvannan
Designation: Assistant professor
Department: Community Medicine

Event Details:

Event Name: USUOW 2020
Event Date(s): 23/01/2020
Event Location:

Expense Details:


Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	3,000	Yes / No
	Travel Expenses	2	Yes / No
	Accommodation Expenses	16,900	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	19,900	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign


Accounts Officer Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.


Dean Sign



USICON 2020



CASH RECEIPT

Date: 23-01-2020

No.: 4252

Received from Mr/Mrs/Ms/Dr. Dr. Ezhilvanan the amount of Rupees

Nineteen Thousand Nine Hundred only

for USICON 2020

Rs. 19900

Computer generated receipt and may not required manual signature

Received by

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. K. Saravahar
Designation: Professor
Department: General Surgery

Event Details:

Event Name: ASOMACOW 2020
Event Date(s): 05/12/2020
Event Location:

Expense Details:


Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	1000	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	6000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign


Accounts Officer Sign


Dean Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



CASH RECEIPT

Date: 05-12-2020

No.: 2661

Received from Mr/Mrs/Ms/Dr. Dr. K. Jawahar the sum of Rupees

Ten Thousand only

for ASOMACON 2020

Rs. 10000/-

Received by

Computer generated receipt and may not required manual signature


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. K. B. Prasanna

Designation:

Associate professor

Department:

General medicine

Event Details:

Event Name:

USCON 2020

Event Date(s):

23/01/2020

Event Location:


Expense Details:


Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	17,900	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	19,900	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign


Accounts Officer Sign


Dean Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



USICON 2020



CASH RECEIPT

Date: 23-01-2020

No.: 4254

Received from Mr/Mrs/Ms/Dr. Dr. K.B. Prasanna the amount of Rupees

Nineteen Thousand Nine Hundred only

for USICON 2020

Rs. 19900

Received by

Computer generated receipt and may not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: *Dr. S. Vdhaya Kumar*
Designation: *Associate Professor*
Department: *General Surgery*

Event Details:

Event Name: *IPHACON 2020*
Event Date(s): *30/2/2020*
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	<i>4000</i>	Yes / No
	Travel Expenses	<i>33,000</i>	Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	<i>37,000</i>	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

[Signature]

Employee Sign

[Signature]

Accounts Officer Sign

[Signature]

Dean Sign

[Signature]

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST,
CHENNAI-600 127.



IPHA CON 2020

64th Annual National Conference of Indian Public Health Association

29 February - 2 March, 2020

All India Institute of Medical Sciences New Delhi



PAYMENT RECEIPT

Date: 30-02-2020

No.: 1278

Received 37000 in words Thirty Seven Thousand only
from Dr. S. Udhayakumar
for IPHA CON 2020

Computer generated receipt and may not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHNAPALLEM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: D. A. Balaji
Designation: Professor
Department: Community Medicine

Event Details:

Event Name: USICON 2020
Event Date(s): 23/01/2020
Event Location:

Expense Details:

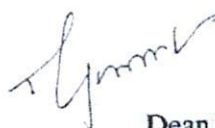
Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	4000	Yes / No
	Travel Expenses	2	Yes / No
	Accommodation Expenses	18,900	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	19,900	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Balaji
Employee Sign


Accounts Officer Sign


Dean Sign

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



USICON 2020



CASH RECEIPT

Date: 23-01-2020

No.: 4251

Received from Mr/Mrs/Ms/Dr. Dr. A. Balaji the amount of Rupees

Nineteen Thousand Nine Hundred only

for USICON 2020

Rs. 19900

Received by

Computer generated receipt and may not required manual signature


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. Ro-meegan Begum

Designation:

Senior resident

Department:

General Surgery

Event Details:

Event Name:

UGICON 2020

Event Date(s):

23/01/2020

Event Location:

Expense Details:


Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	1000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	18,900	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	19,900	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.



Employee Sign


Accounts Officer Sign


Dean Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



USICON 2020



CASH RECEIPT

Date: 23-01-2020

No.: 4255

Received from Mr/Mrs/Ms/Dr. Dr. Rameejan Begum the amount of Rupees

Nineteen Thousand Nine Hundred only

for USICON 2020

Rs. 19900

Received by

Computer generated receipt and may not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: *Dr. T.K.V. Sharavanan*
Designation: *HOD & professor*
Department: *General Medicine*

Event Details:

Event Name: *IPHIA CON 2020*
Event Date(s): *30/2/20*
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	<i>4000</i>	Yes / No
	Travel Expenses	<i>33,000</i>	Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	<i>37000</i>	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

[Signature]
Employee Sign

[Signature]
Accounts Officer Sign

[Signature]
Dean Sign

[Signature]
DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



IPHACON 2020

64th Annual National Conference of Indian Public Health Association

29 February - 2 March, 2020

All India Institute of Medical Sciences New Delhi



PAYMENT RECEIPT

Date: 30-02-2020

No.: 1277

Received 37000 in words Thirty Seven Thousand only
from Dr. T.K.V. Sharavanan
for IPHACON 2020

Computer generated receipt and may not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Sirisha
Designation: Senior resident
Department: General surgery

Event Details:

Event Name: Virtual ASICON 2020
Event Date(s): 17/12/2020
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
17/12/20	Registration Fee	2	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	2 10,000/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Sirisha
Employee Sign

[Signature]
Accounts Officer Sign

[Signature]
Dean Sign

[Signature]
DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



THE ASSOCIATION OF SURGEONS OF INDIA

CASH RECEIPT

Date: 17-12-2020

No.: 3578

Amount (Rs): 10000/-

Received from Dr.Sirisha the amount of Rupees

Ten thousand only

for the purpose of Virtual ASICON 2020

P. R. S.

Received by

Computer generated receipt and not required manual signature

T. S. S.
DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. Venkha

Designation:

Senior Resident

Department:

General Surgery.

Event Details:

Event Name:

ASO MALCON - 2020

Event Date(s):

05/12/2020

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	8000	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	10000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Dr. Venkha

Employee Sign

[Signature]
Accounts Officer Sign

[Signature]
Dean Sign

[Signature]
DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



CASH RECEIPT

Date: 05-12-2020

No.: 2658

Received from Mr/Mrs/Ms/Dr. Dr.Sirisha the sum of Rupees

Ten Thousand only

for ASOMACON 2020

Rs. 10000/-

Received by

Computer generated receipt and may not required manual signature


DEAN
TACORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. A. Balaji
Designation: Professor A MD
Department: Community medicine

Event Details:

Event Name: USICON 2019
Event Date(s): 25/01/2019
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	3000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	41400	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	17,400	

Declaration

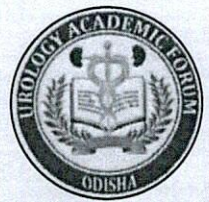
I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign


Accounts Officer Sign


Dean Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



CASH RECEIPT

Date: **25-01-2019**

No.: **2554**

Received from Mr/Mrs/Ms/Dr. Dr. A. Balaji the amount of Rupees

Seventeen Thousand Four Hundred only

for USICON 2019

Rs. 17400

Received by

Computer generated receipt and may not required manual signature


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. K. B. Prashanna
Designation: Associate Professor
Department: general medicine

Event Details:

Event Name: USCON 2019
Event Date(s): 25/01/2019
Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	3000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	14,400	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	17,400	

Declaration

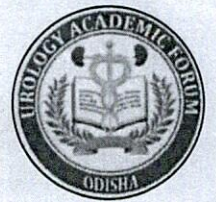
I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



CASH RECEIPT

Date: 25-01-2019

No.: 2552

Received from Mr/Mrs/Ms/Dr. Dr. K. B. Prasanna the amount of Rupees

Seventeen Thousand Four Hundred only

for USICON 2019

Rs. 17400

R. H.

Received by

Computer generated receipt and may not required manual signature

[Signature]
DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. Janaka Rani

Designation:

Associate professor

Department:

pathology

Event Details:

Event Name:

AEC - conf.

Event Date(s):

05-01-2019

Event Location:

SRTC & RI.

Expense Details:


Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	1500/-	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	1500/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign


Accounts Officer Sign


Dean Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



SRI RAMACHANDRA

INSTITUTE OF HIGHER EDUCATION AND RESEARCH

(Category - I Deemed to be University) Porur, Chennai

CASH RECEIPT

Date: 05-01-2019

No.: 3158

Amount (Rs): 1500

Received from Dr.S. Jamuna Rani the amount of Rupees

<Amount in Words>

for the purpose of AET-COM, SRMC & RI

P. P. S.

Received by

Computer generated receipt and not required manual signature

[Signature]
DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Jensen Issac
Designation: Professor in HOD
Department: Orthopaedics

Event Details:

Event Name: 39th Great Orthopaedic world congress, Montreal, Canada
Event Date(s): 10/10/18
Event Location: Montreal, Canada.

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
10/10/18	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	₹ 60,000/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign


Accounts Officer Sign


Dean Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKKOTTAIYUR POST,
CHENNAI-600 127.



PAYMENT RECEIPT

Date: 10-10-2018

No.: 3648

Received 60000/- in words Sixty thousand only
from Dr. Jenson Issac
for 39th Sicot Orthopaedic World Congress, Montreal, Canada

Computer generated receipt and may not required manual signature


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. B. Karayagam

Designation: Professor

Department: Radiology

Event Details:

Event Name: SRMC OPTIMUS '18

Event Date(s):

Event Location: SRMC

Expense Details:


Date	Expense Description	Amount in rupees	Receipt Attached?
28/8/18	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	2 4975/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign


Accounts Officer Sign


Dean Sign


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



SRI RAMACHANDRA

INSTITUTE OF HIGHER EDUCATION AND RESEARCH

(Category - I Deemed to be University) Porur, Chennai

CASH RECEIPT

Date: 28-08-2018

No.: 2549

Amount (Rs): 4975

Received from Dr. B. Karpagam the amount of Rupees

Four Thousand nine hundred and seventy five only

for the purpose of SRMC OPTIMUS` 18

Received by

Computer generated receipt and not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Maria Leisha Fernando

Designation: professor

Department: Biochemistry

Event Details:

Event Name: Revised Basic course workshop

Event Date(s): 22/6/18

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
22/6/18	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	₹ 5000/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



SRI RAMACHANDRA

INSTITUTE OF HIGHER EDUCATION AND RESEARCH

(Category - I Deemed to be University) Porur, Chennai

CASH RECEIPT

Date: 22-06-2018

No.: 1882

Amount (Rs): 1500

Received from Dr. Maria Leesha Fernando the amount of Rupees

Thousand five hundred only

for the purpose of Revised Basic course workshop

P. P. S.

Received by

Computer generated receipt and not required manual signature

[Signature]

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TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. S. A. Ganesh

Designation:

Department: Ophthalmology.

Event Details:

Event Name: Prism '18

Event Date(s):

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
29/11/18	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	25,000/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign



Accounts Officer Sign



Dean Sign



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TAGORE MEDICAL COLLEGE & HOSPITAL
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CHENNAI-600 127.



CHENGALPATTU MEDICAL COLLEGE

VOC Nagar, Chengalpattu, Vallam, Tamil Nadu 603001

CASH RECEIPT

Date: 29-11-2018

No.: 2536

Received from Mr/Mrs/Ms/Dr. Dr. S.A. Ganesh the sum of Rupees

Five Thousand only

for PRISIM 18

Rs. 5000

Shahf

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Received by


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TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. N. Gunasekaran

Designation:

Department:

Event Details:

Event Name: SKMC optimus '18

Event Date(s): 28/8/18

Event Location: SKMC

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
28/8/18	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	24975/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign

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TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



SRI RAMACHANDRA

INSTITUTE OF HIGHER EDUCATION AND RESEARCH

(Category - I Deemed to be University) Porur, Chennai

CASH RECEIPT

Date: 28-08-2018

No.: 2548

Amount (Rs): 4975

Received from Dr. N. Gunasekaran the amount of Rupees

Four Thousand nine hundred and seventy five only

for the purpose of SRMC OPTIMUS` 18



Received by

Computer generated receipt and not required manual signature



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TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. SREE T. SUCHARITHA
Designation: Professor
Department: Community Medicine

Event Details:

Event Name: PRISM 18
Event Date(s): 29/11/2018
Event Location:

Expense Details:

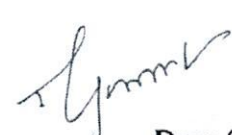
Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	9	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	5000	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	5000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign


Accounts Officer Sign


Dean Sign


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CHENNAI-600 127.



CHENGALPATTU MEDICAL COLLEGE

VOC Nagar, Chengalpattu, Vallam, Tamil Nadu 603001

CASH RECEIPT

Date: 29-11-2018

No.: 2537

Received from Mr/Mrs/Ms/Dr. Dr. Sree T. Sucharitha the sum of Rupees

Five Thousand only

for PRISIM 18

Rs. 5000

Shahj

Received by

Computer generated receipt and may not required manual signature

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RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. S. SUBAMALANI
Designation: Associate professor
Department: Physiology.

Event Details:

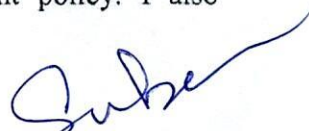
Event Name: BIOZONE
Event Date(s): Research technology.
Event Location: 27.2.2018

Expense Details:


Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2000	Yes / No
	Travel Expenses	1	Yes / No
	Accommodation Expenses	8000	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	10,000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.


Employee Sign


Accounts Officer Sign


Dean Sign


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CHENNAI-600 127.



BIOZONE™
Research Technologies Pvt. Ltd.

CASH RECEIPT

Date: **27-02-2018**

No.: **1925**

Received from Mr/Mrs/Ms/Dr. Dr.S. Suba Malani the amount of Rupees

Ten thousand only

for Biozone Research Technologies Pvt.Ltd

Rs. 10000/-

Computer generated receipt and may not required manual signature

Received by

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.